

FOOD AND HEALTH MANAGEMENT STRATEGIES

The Developmental Disabilities Administration (DDA) developed this document to assist residential services providers in implementing less restrictive strategies for individuals with food and health management issues.

Locking up and limiting a person's food and taking that power and choice away from them is the most restrictive procedure available when it comes to a person's food. For this reason, [DDA Policy 5.15, Use of Restrictive Procedures](#), requires an Exception to Policy (ETP) whenever a person's food or kitchen is locked up and cannot be accessed without staff assistance. DDA cannot consider approval to lock a person's food unless it is clearly documented that less restrictive procedures have been *adequately* tried and were not successful. Additionally, the person must have a medical condition related to overeating diagnosed by a physician or an imminent safety risk (e.g., eating raw meat, uncontrolled intake of water, etc.).

It is DDA's expectation that any request to limit or lock up a person's food for health reasons should include a specific plan to promote exercise and healthy eating habits.

QUALITY OF LIFE

Due to the lack of skills to self-manage and little insight into the long term effects of how diet and sedentary lifestyles impact your health, individuals with intellectual disabilities need lots of daily support. Often many individuals we support have limited interests or have few skills in how to develop new things in their life so food can become a major focus of attention. Simply put, *food is important!* Food provides comfort and sometimes becomes a social activity for many individuals.

Food is considered a primary reinforcer, meaning it is something that is really important to many of the people we support without requiring anything other than its availability. It is not enough to lock up what is important to a person since this does not stop the focus or the desire to eat. It may make the person feel they need to look more for the things they want to eat or replace what has been taken away. In other words, it may trigger challenging behaviors as they seek to find that which is restricted.

It is necessary to provide ongoing teaching and opportunities to practice positive skills around eating and accessing food. For example, consider the approach of "try something new" to introduce new activities into the day to help reduce the obsessive focus on eating. When thinking of food restrictions, think about something you really like or enjoy in your life and how you would feel if someone restricted you from that activity or locked it away.

DEVELOP A PLAN

- **Develop a mutual plan with the person to get healthy / eat healthier / exercise more.**
 - Set reasonable targets and work towards them every day with lots of positive support.
 - ENCOURAGE the person to make changes, with lots of adaptive, environmental and social support, before considering restricting food/calories.
 - If the person agrees to a calorie limit, that's not a restrictive procedure unless staff enforce limits on food/calories.
 - You may need to make gradual changes to avoid the person feeling deprived and rejecting a new diet plan.
 - Expect backsliding on any diet/exercise/healthy eating plans, as you would for anyone trying to make lifestyle changes.
 - Do this formally, with charts, monitoring plan for reaching goals, weight and/or inches; parties for meeting the weight loss goal each week, etc.
 - Set specific rewards for meeting daily/weekly goals (e.g., *Daily*: a diet Popsicle, nonfat frozen yogurt, cookie, or monetary amount; *Weekly*: Trip to ice cream store for a 1-scoop cone or cup or special 1:1 time with favorite staff).
 - Goals should be in small steps that the person can achieve.
 - Remember, don't use the person's money to buy rewards unless the person has agreed to the plan.

CONSIDER SUPPORT GROUPS AND TRAINING

- **Enroll clients in support groups** such as Overeaters Anonymous or Weight Watchers, which provide structure and social support/motivation to lose weight if they are capable of participating in such integrated formats.
 - If none can be found that will work for your clients, make your own support group for individuals interested in working on weight loss and health goals.
 - Consider combining with other supported living agencies in your locale (see KU Diet Project information under Resources below).
 - You may want to imitate the Weight Watchers approach of counting points instead of calories as this may be easier to comprehend - and so many minutes of exercise earns ability to eat more!
 - Check with community organizations such as The Arc, the CARE Clinic at the University of Washington, larger vocational programs, or a local community mental health center that serves individuals with IDD to see if they will help set up and run support groups around health promotion.
- **Make sure that your staff (and clients, too) attend DDA-offered and other trainings on healthy cooking/ nutrition/diabetes management.**
 - Agencies might identify at least one position who can guide nutrition/weight loss/health promotion for all agency clients.

- Assist staff with training on setting up healthy eating plans and shopping for healthy options.
- Take the person to community-based diabetes management classes or other health promotion classes (hospitals and public health departments often offer these at no cost).
- Instruct staff not to bring in their unhealthy lunches/dinners and eat or display them in front of the person. When working with individuals with weight problems, have staff model healthy eating habits.
- Staff can sit down and eat with clients to model appropriate eating behaviors, make a meal a social event to slow down eating, etc.
- Work with a nutritionist to develop a tasty, healthy diet plan if staff don't have the ability to do so:
 - Often texture needs to be considered along with taste to find acceptable replacement items.

MEDICATIONS

- ***Understand which medications may increase appetite and cause weight gain and work with the prescribers to explore all alternatives.***
 - Risk-benefit assessment: If there are no other possible medications, does this medication provide clearly enough benefit compared to the very real risk of obesity and potential diabetes? If the person is on an antipsychotic medication for behavioral control, but does not have psychosis or a clear mood disorder and the medication is causing metabolic changes, then increased efforts at positive behavior supports may replace the need for the medication.
 - If the risk of changing or reducing/eliminating a medication that causes appetite and weight gain is too high, then it is very important that the support staff plan from the beginning how to modify the diet and exercise of the person to help prevent them developing or worsening obesity and all the health-related consequences, such as diabetes, that can go along with obesity.
 - Medications like Zyprexa (olanzapine), Risperdal (risperidone), Clozaril (clozapine), Depakote (valproic acid), Remeron (mirtazapine) and many others have noted side effects of increasing appetite and causing weight gain.
- ***In the spring/summer help the person grow a vegetable garden*** and use the produce in their meal preparation to motivate and teach them about more healthy diets.

BETWEEN MEALS

- Develop a clear written or picture schedule of the day with meals and snack times identified and followed. Then when the person is requesting something, encourage that they delay a bit until the scheduled time.
 - Have good snacks, cold water, Crystal Light, etc., available in between meals.

- Have a specific list of “FREE FOODS” that the person can eat as much as they want (e.g., vegetables, fruit).
- Have access to cold water (water bottle, water with lemon juice for extra flavor, etc.) and low calories beverages (e.g., Crystal Light, iced tea with Splenda). If the person insists on soda, have diet versions available.
- Fight boredom! Keep people busy, especially if there is a time of day that they tend to want to munch.

GOING OUT TO EAT

- Collect nutrition information sheets from favorite fast food or other restaurants so that the choices can be planned in advance to fit in with diet goals, such as low calorie, low fat, high-fiber, low sodium, etc. Discuss making healthy choices and choose the meal with the person prior to going out. These menu information sheets can be found online for larger chains.
- Instead of going out for an unhealthy meal as a daily default because nothing in the cupboard/refrigerator sounds good, schedule a time to go to those “favorite” places so the person still knows they will get to go there, but feels less deprived and has something to look forward to. This can make it more likely they don’t rebel against the healthier diet.

SHOPPING STRATEGIES

- Plan a menu at least one to two weeks out and then shop and cook to follow the menu that has healthier items (instead of impulse buying or just having staff fix up whatever is available without planning for healthy entrees).
- Make weekly (or longer) meal plans and shop from that plan.
- Select healthier, lower carb/sugars/fats food when shopping.
- Snacks: If the person has difficulty with portion control, purchase items with multiple smaller packets of snack foods rather than entire package so that the person can have a controlled amount of a snack.
 - Offer one packet at a time - that will set the stage for thinking snack is “done.” Large, family size packages may provide a cheaper unit cost, but don’t have a built in signal that the item is done, and larger packages stimulate the desire to take more and more. The cheaper unit cost can be negated by eating more at each time.
- Don’t discard all junk foods from shopping (we all love a donut now and then), but reduce the amount while replacing it with similar, healthier options.
- Shop daily if the person obsesses about food in the cupboards in order to limit amount available.
- If the person tends to buy too much junk food, help them to make a list beforehand and then stick to the list at the store.

FOOD PREPARATION AND SERVING

- Offer foods with more protein and fiber as they are more filling. See also KU Diet/Health Matters Curriculum under *Resources* section below.
- Use small plates that appear heaping full, instead of large plates that may appear not to have enough food on them.
- Use consistent portion size in serving out food. There are adapted placemats that set up visual prompts for staff and the person about the amount to dish up (e.g., Precise Portion Placemats; see *Resources* section).
- Teach staff to prepare meals with consistent portion sizes, low-fat ingredients, etc.
 - By starting with smaller portions, the person can have a second helping and feel better about the amount of food, than if given a large portion first, then restricted from having more.
- If the person insists on pizza or hamburgers, set up a day as Pizza Party or Burger BBQ day, but encourage only one day each week. Use low fat cheese and meats on pizza and smaller amounts of topping or patty size. Don't load the pizza or burger with high calorie toppings.
- Engage the person in the food preparation process, at least in observing it, in order to make a pleasurable, teaching activity out of the eating process.
 - For example, the person helps prepare a green or fruit salad to go with the main entrée and staff make a fun activity out of it.

EXERCISE/HEALTH PROMOTION

- Build physical activity into daily routines (e.g., walk to store or coffee shop; “walk with me to the mailbox to see if you have any mail”). When you do drive places, park farther away from the store so that you can get more exercise walking.
- Get Wii or Kinect and have game parties; e.g., “Let’s Dance” series of Dance Party; any type game that involves some physical activity and also distracts from thoughts of eating.
- Link preferred activities after less-preferred, but health-promoting activities (e.g., “Let’s get some ice cream/frozen yogurt on our way back from the pool/YMCA/gym”).
- Start your own social club for events and adventures, or link with a nearby agency.
- Develop a written individual exercise plan with the person to get them engaged.
 - Keep it simple! Make one or two small, achievable goals at first.
 - Include a variety of activities.
 - Make a schedule and stick to it – exercise with the person to motivate them.
 - Keep track of progress on a chart or other visual so the person can see how they are doing.
 - Assist the person to set up an incentive/rewards plan to help motivate them and celebrate achieving goals.
 - Modify the plan immediately when goals are met and set new goals.
 - Don’t give up on the exercise plan! Research suggests that a person needs to follow a regular exercise plan for at least 12 weeks before the body fully adjusts.

LESS RESTRICTIVE FOOD CONTROL

(Note: These strategies still require an ETP)

- Keep some food secure (locked), but put out food for the day, or for next meal or snack, for free access.
- Only lock some foods of concern (e.g., mayonnaise, raw meats, and candy if diabetic).
- Keep a mini-fridge with healthy drinks/snacks for free access; lock the main refrigerator.
- Lock up food only when there is no staff on-site to redirect and engage the person in non-food activities; for example, in the overnight period from 10 pm to 6 am when there are no staff in the person's home.

RESOURCES

BOOKS:

- ***Health Matters for People with Developmental Disabilities: Creating a sustainable health promotion program*** - by Beth Marks, Sisirak & Heller (2010; \$35 or less at Amazon, etc.)
<http://products.brookespublishing.com/Health-Matters-for-People-with-Developmental-Disabilities-P406.aspx>
- ***Health Promotion for Persons with IDD***, by Wendy Nehring (2005, paperback \$40 from AAIDD Bookstore)

WEBSITES:

- **Health Promotion from RRTC on Aging with Developmental Disabilities**
<http://www.rrtcadd.org/>
- **Kansas University Life Span Institute - KU Diet Project (charts, rewards, visuals, etc.)**
<http://www.diet.ku.edu/index.shtml>
- **Achieving Weight Loss in Adults with Intellectual Disability: Lessons Learned Inside the Ropes** (2012; AAIDD PowerPoint presentation on diet programs)
http://aaidd.org/content_9502.cfm
- **The Healthy Lifestyle Change Program** (UCLA Department of Health Services)
<http://www.rwjf.org/files/research/4243.pdf>
- **Adult Down Syndrome Center/Advocate Lutheran Hospital, Illinois Website Resources**
<http://www.advocatehealth.com/luth/resources>
(Includes several downloadable articles on Exercise, Nutrition, Weight Control and Health Promotion)

- **The Guide to Good Health for Teens and Adults with Down Syndrome**
http://woodbinehouse.com/main.asp_Q_product_id_E_978-1-890627-89-8

EXAMPLES OF PLACEMAT TOOLS:

- <http://www.tabletopnutrition.com/foodguidepyramid.shtml>
- <https://store.extension.iastate.edu/ItemDetail.aspx?ProductID=13721>
- http://www.preciseportions.com/Precise-Portions-Dinnerware-and-Placemats_a/271.htm

OTHER:

- **Institute on Community Integration - Impact Newsletter**
<http://ici.umn.edu/products/impact/231/default.html>
<http://ici.umn.edu/index.php?projects/view/122>
- **News article on class that helps people with developmental disabilities lose weight**
http://www.heraldextra.com/news/local/central/provo/class-helping-developmentally-disabled-people-lose-weight/article_86510f4f-025c-5b7c-a8e5-17725634426d.html
- **Centers for Disease Control and Prevention (CDC) webpage on Disability and Obesity**
<http://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html>

This document was prepared by the DDA Field Services Psychologists and Psychology Associates.